

Crisis Services System Planning Regional and Local LME Crisis Plan Template Instructions

General Information

The Regional and LME Local Planning Templates are in separate Excel Workbook Documents. Each LME Local Crisis Plan will be submitted separately, however, there should be clear statements in both the regional and local crisis plans that specify that these two crisis plans are consistent.

DMH recognizes that LMEs have been working with their stakeholders in a variety of ways prior to the issuance of these instructions and the templates. Planning, input and interaction with stakeholders that have already been completed need not be duplicated, but should be reflected in narrative form where applicable in the template.

Be specific about previous, current and future involvement of CFAC in crisis planning. However, specific sign-off is not required prior to submission

Also of particular importance to the Division of MH/DD/SAS is the inclusion of local hospitals in planning. Every hospital must have an opportunity to be involved and the nature of that involvement should be reflected where applicable in the template. If attempts to engage a hospital have been unsuccessful, it should be specifically described.

It is expected that use of the plan will:

- **Facilitate** LME and Regional compliance with Legislative mandates and Division expectations
- **Demonstrate** LME and Regional use of data as a driver in the planning process
- **Describe** the depth and breadth of community involvement in the planning process
- **Showcase** a comprehensive plan that is informed about and responsive to local community and regional crisis services needs
- **Reflect** a commitment to deliver effective recovery-focused crisis services at the least-restrictive level of care.
- **Meet the prerequisite** for disbursement of funds for plan implementation

Criteria for Plan Approval

Plans will be evaluated using criteria including, but not necessarily limited to the following:

- Plan feasibility and sustainability
- Measure of fit to key objectives such as:
 - Reduction in state facility admissions
 - Reduction in state facility bed days
 - Expansion/improvement of less restrictive treatment alternatives
 - Improved continuity of care
 - Broadened intersystem coordination/community service continuum
 - Maximization of funding streams
- Depth and breadth of community involvement in planning
- Evidence of engagement of local CFAC
- Evidence of engagement of local hospitals—Documentation of efforts and outcomes

LME Local Plan Template Components

Cover Sheet

One-page STR Overview

Two worksheets to complete for each of the six population sub-categories:

- Child Mental Health
- Child Developmental Disability
- Child Substance Abuse
- Adult Mental Health
- Adult Developmental Disability
- Adult Substance Abuse

Two pages related to system integration and communication.

One page for cataloging the data sources used in local planning and for listing the MOAs that are in place and will support the local crisis plan. (Relevant data that supports the Local plan should be submitted in conjunction with the plan. It is understood that LMEs may not have access to data for Medicaid enrollees accessing crisis or acute services in their areas.)

Regional Plan Template

Cover Sheet

Regional Planning Funnel: This sheet addresses the terms of funds disbursement as laid out in Legislation S1741.

One page for cataloging the data sources used in Regional planning. (Relevant data that supports the Regional plan should be submitted in conjunction with the plan)

<p>The pages that follow contain samples of some sections of the templates.</p>
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LME Crisis Services System--Environmental Scan:

(Describe things such as conditions, barriers, state of readiness, milestones as it relates to the local crisis services system.) There is an increasing interest on the part of stakeholders such as CFAC, local law enforcement and behavioral healthcare providers to create an alternative to the hospital emergency department for persons in crisis....A recent and broadly attended forum on crisis services led to the development of a set of guiding principals for improving crisis services...The local police department and community agencies offered the first week-long CIT class in November....Though there are 3 local hospitals with psychiatric units, none offer inpatient services for persons who are indigent...The LME has offered a series of well-attended trainings on crisis planning...

Summary of LME Local Crisis Planning Process:

1. Describe crisis planning activities and processes
2. Specify and summarize the involvement of groups, stakeholders, hospitals, etc
3. Summarize the role CFAC in Crisis Planning

1. Examples: LME held a series of forums over the past six months....developed a set of guiding principles for community crisis services....met with community groups and addressed concerns about the facility location...reviewed key data....completed feasibility study....

2. The following entities were represented in the crisis planning process: City PD, Mercy Hospital, City Schools, SOS facility.

3. CFAC has appointed 3 representatives to actively participate in the local planning process....CFAC is most concerned that the resulting plan does not result in people 'falling through the cracks'...

Describe plan for ongoing involvement of CFAC and/or other stakeholders/advocates in planning, implementation and oversight.:

The 3 representatives appointed by CFAC will remain involved in quarterly oversight meetings....Hospital ED and Facility-Based crisis leadership have agreed to participate in quarterly meetings to discuss....

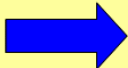

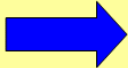









Statement of Need			
We have identified two primary needs in the area of Child MH crisis services: 1. An in-home respite service to enhance the hospital diversion options for 1st Responders and Mobile Crisis and 2. Improvement in the communication between the 24/7 hotline service and 1st responders.			
Environmental Scan/Readiness			
There is broad support for the use of mobile crisis services for children and adolescents....The mobile crisis team provider has provided informational meetings for guidance counselors in the local school districts. Guidance Counselors offered their support of the program and indicate that they will call this program in lieu of sending the young person to the emergency room....The Police Department has modified their procedures so that they may transport children and adolescents to the facility-based crisis program instead of to the local emergency department if there are no contraindications....Local Mental Health Center has agreed to create two crisis appointment slots each day for use by mobile crisis team...			
Statement of Intention			
LME intends to issue an RFP for in-home respite....A meeting with the 24/7 hotline service provider and agencies that have 1st responder duties has been scheduled to address ways to enhance communication....			
FY06 Child MH State Hospital Admissions		FY07 Child MH Admission target	
What will you do differently to obtain this result?			
Implement mobile crisis services and work with community to divert MH crisis emergency room visits children and adolescents to the mobile team for intervention.			
In most instances the plan will be to reduce or maintain the state hospital admission target (if admissions are at a			
FY06 Child MH crisis service demand		FY07 Anticipated Child MH Crisis service demand	
What will you do differently to obtain this result?			
We have entered into an agreement with the Police Department....we have advertised the availability of the mobile crisis team....the afterhours answering machine lists the 24/7 crisis number....			
Additional Child MH FY07/08 Measurable Outcomes (list up to two)			
Outcome: 75% of children and adolescents who are linked that have a mental health crisis will be seen by a 1st Responder			
Outcome:			
Footnotes:			

Use footnote section if necessary to clarify data sources / proxies used, etc

To what degree is this service helping you to achieve your objectives? It may be available in the community, but not mesh with your vision, or coordinate well within the crisis continuum.

What is highest on your list due to urgency, readiness, funding or other community factors?

Child Mental Health Assessment of Crisis Services	Service Not Available			CRISIS SERVICE COMPONENT	Service Available		Rank Plan Priority	
	Plan for Implementation	Progress (if underway)	Est. Service Start Date		Adequate Capacity?	Service Impact on Objectives		
			mm/yy					(Y/N)
				Intervention	24/7 Crisis Line	y	High	Low
					1st Responder	y	High	Low
					Mobile Crisis Outreach Team	y	Medium	Medium
					Walk-in Crisis Services	y	Low*	Low
					Transportation	n	Low	Medium
	Local Provider will be offering 2 crisis appointment slots for use by mobile crisis.	In Process	04/07	Disposition	Urgent Appt<48 hrs			High
	LME will issue an RFP to create this service.	In Process	07/07		In-Home Respite			High
					23hr Obs/Crisis respite	n	Low	Low
	No Plan for Implementation				Crisis Stabilization Unit			Low
					Secure Non-State Inpt (Voluntary)	y	High**	Low
					Secure Non-State Inpt (Involuntary)	y	High**	Low
					State Inpatient Hospital Facility	y	Low	Low
Footnotes: *The Site-Based Crisis Service is not well-equipped at working with children, however our plan is to focus on mobile response and to work collaboratively with the site-based facility if a child or adolescent does present at the facility. **Though we have worked hard to reduce admissions to the local hospital, it is an important part of the Child MH crisis continuum. The unit staff actively involve the community teams in treatment meetings and discharge planning and we have worked together to reduce the length of stay.								

Multi-Directional Communication	KEY PARTNER	Indicate Type of Verbal/Written Communication or Protocol Essential to Success of Community Crisis Plan						KEY PARTNER	
	Mobile Crisis Team		Mobile Crisis Response Protocol	Criteria for in-home respite service					Hospital Emergency Department
					Monthly Utilization Statistics	Release of Information			
									
									
									
									
									
									
									
									
									
									
<p align="center">Statement of Need</p> <p>Example: 1. Enhancement of communication between mobile crisis team and hospital emergency rooms...2. Explore the use of technology to improve the timeliness of data exchange...</p>									
<p align="center">Goals/Objectives</p> <p>Examples: Develop an MOA with Mercy Hospital Emergency Room outlining the data exchange described above...Implement new technology by December 31, 2007...</p>									

SUMMARY OF DATA and/or MOAs THAT SUPPORT LOCAL PLAN

[illegible]